(ii) prescribers and pharmacies that are selected under subparagraph (D) of such section;

(E) the extent of prescription drug abuse beyond Controlled Drug Substances in Schedule CII in parts C and D of the Medicare program; and

(F) other areas determined appropriate by the Comptroller General.

(2) REPORT.—Not later than July 1, 2019, the Comptroller General of the United States shall submit to the appropriate committees of jurisdiction of Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines to be appropriate.

(f) REPORT BY SECRETARY.—

(1) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of Congress a report on ways to improve upon the appeals process for Medicare beneficiaries with respect to prescription drug coverage under part D of title XVIII of the Social Security Act. Such report shall include an analysis comparing appeals processes under parts C and D of such title XVIII.

(2) FEEDBACK.—In development of the report described in paragraph (1), the Secretary of Health and Human Services shall solicit feedback on the current appeals process from stakeholders, such as beneficiaries, consumer advocates, plan sponsors, pharmacy benefit managers, pharmacists, providers, independent review entity evaluators, and pharmaceutical manufacturers.

(g) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in subsection (d)(2), the amendments made by this section shall apply to prescription drug plans for plan years beginning on or after January 1, 2018.

(2) STAKEHOLDER MEETINGS PRIOR TO EFFECTIVE DATE.—

(A) IN GENERAL.—Not later than January 1, 2017, the Secretary of Health and Human Services shall convene stakeholders, including individuals entitled to benefits under part A of title XVIII of the Social Security Act or enrolled under part B of such title of such Act, advocacy groups representing such individuals, clinicians, plan sponsors, pharmacists, retail pharmacies, entities delegated by plan sponsors, and biopharmaceutical manufacturers for input regarding the topics described in subparagraph (B). The input described in the preceding sentence shall be provided to the Secretary in sufficient time in order for the Secretary to take such input into account in promulgating the regulations pursuant to subparagraph (C).

(B) TOPICS DESCRIBED.—The topics described in this subparagraph are the topics of—

(i) the impact on cost-sharing and ensuring accessibility to prescription drugs for enrollees in prescription drug plans of PDP sponsors who are at-risk beneficiaries for prescription drug abuse (as defined in paragraph (5)(C) of section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–10(c)));

(ii) the use of an expedited appeals process under which such an enrollee may appeal an identification of such enrollee as an at-risk beneficiary for prescription drug abuse under such paragraph (similar to the processes established under the Medicare Advantage program under part C of title XVIII of the Social Security Act);

(iii) the types of enrollees that should be treated as exempted individuals, as described in clause (ii) of such paragraph;

(iv) the manner in which terms and definitions in paragraph (5) of such section 1860D–4(c) should be applied, such as the use of clinical appropriateness in determining whether an enrollee is an at-risk beneficiary for prescription drug abuse as defined in subparagraph (C) of such paragraph (5);

(v) the information to be included in the notices described in subparagraph (B) of such section and the standardization of such notices;

(vi) with respect to a PDP sponsor that establishes a drug management program for at-risk beneficiaries under such paragraph (5), the responsibilities of such PDP sponsor with respect to the implementation of such program;

(vii) notices for plan enrollees at the point of sale that would explain why an at-risk beneficiary has been prohibited from receiving a prescription at a location outside of the designated pharmacy;

(viii) evidence-based prescribing guidelines for opiates; and

(ix) the sharing of claims data under parts A and B with PDP sponsors.

(C) RULEMAKING.—The Secretary of Health and Human Services shall, taking into account the input gathered pursuant to subparagraph (A) and after providing notice and an opportunity to comment, promulgate regulations to carry out the provisions of, and amendments made by subsections (a) and (b).

TITLE VIII—TRANSNATIONAL DRUG TRAFFICKING ACT

SEC. 801. SHORT TITLE.

This title may be cited as the ''Transnational Drug Trafficking Act of 2015''.

SEC. 802. POSSESSION, MANUFACTURE OR DISTRIBUTION FOR PURPOSES OF UNLAWFUL IMPORTATIONS.

Section 1009 of the Controlled Substances Import and Export Act (21 U.S.C. 959) is amended—

(1) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively; and

(2) in subsection (a), by striking ''It shall'' and all that follows and inserting the following: ''It shall be unlawful for any person to manufacture or distribute a controlled substance in schedule I or II or flunitrazepam or a listed chemical intending, knowing, or having reasonable cause to believe that such substance or chemical will be unlawfully imported into the United States or into waters within a distance of 12 miles of the coast of the United States.

''(b) It shall be unlawful for any person to manufacture or distribute a listed chemical—

''(1) intending or knowing that the listed chemical will be used to manufacture a controlled substance; and

''(2) intending, knowing, or having reasonable cause to believe that the controlled substance will be unlawfully imported into the United States.''.

SEC. 803. TRAFFICKING IN COUNTERFEIT GOODS OR SERVICES.

Chapter 113 of title 18, United States Code, is amended—

(1) in section 2318(b)(2), by striking ''section 2320(e)'' and inserting ''section 2320(f)''; and

(2) in section 2320—

(A) in subsection (a), by striking paragraph (4) and inserting the following:

''(4) traffics in a drug and knowingly uses a counterfeit mark on or in connection with such drug,'';

(B) in subsection (b)(3), in the matter preceding subparagraph (A), by striking ''counterfeit drug'' and inserting ''drug that uses a counterfeit mark on or in connection with the drug''; and

(C) in subsection (f), by striking paragraph (6) and inserting the following:

''(6) the term 'drug' means a drug, as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).''.

The PRESIDING OFFICER. The majority leader.

MORNING BUSINESS

Mr. MCCONNELL. Madam President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. MCCONNELL. Madam President, I ask unanimous consent that on Monday, March 14, at 4 p.m., the Senate proceed to executive session to consider the following nomination: Calendar No. 476, that there be 90 minutes for debate only on the nomination, equally divided in the usual form; that upon the use or yielding back of time, the Senate vote on the nomination without intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action and then the Senate resume legislative session without any intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Iowa.

SENATE ACCOMPLISHMENTS

Mr. GRASSLEY. Madam President, as many Iowans know, I made a practice of holding townhall meetings in each of the 99 counties of my State every year. It has become known in the media as a ''Full Grassley.'' That is not something I named it. That is something someone else named it. It is kind of a flattering name, but in some ways it does not make sense because the townhalls are not about Senator GRASSLEY. They are about hearing from Iowans whom I am proud to serve. They are about hearing about the real problems my constituents have, and, of course, from our end, trying to find practical solutions to those problems. That is what I work on every day. I suppose all of my colleagues would say that is what they work on every day.

On many occasions at my townhall meetings in recent years, Iowans have asked me why the Senate never gets anything done. Both parties probably shoulder some of the blame for this attitude out there at the grassroots, but the reality is that the most obvious, the most glaring, the most unmistakable reason for the Senate's recent paralysis is the way Democratic Leader REID ran it before he was toppled as majority leader.

When the Democratic leader was in control of the Senate, he was the one who decided not to empower his committee chairs to craft and advance bipartisan legislation. He decided not to